S. No. 300
V. 10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED DEC 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39521

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 6093 Registrar's No. 231

1. PLACE OF DEATH
a. COUNTY: Saline
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marshall, Twp
c. LENGTH OF STAY (in this place): 22 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Missouri State School

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Buchanan 0117
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Joseph 1
d. STREET ADDRESS (If rural, give location): 3338 Sims

3. NAME OF DECEASED (Type or Print)
a. (First): Walter
b. (Middle):
c. (Last): Hillitts

4. DATE OF DEATH (Month) (Day) (Year): Nov 25 1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Not given
9. AGE (In years last birthday): Not given
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): not given 9
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: not given
13b. MOTHER'S MAIDEN NAME: Not given
14. NAME OF HUSBAND OR WIFE: — S —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S SIGNATURE OR NAME: Mo State School Branch
ADDRESS: Marshall Mo

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Myocarditis

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.: Feeble mindedness

INTERVAL BETWEEN ONSET AND DEATH: 431X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-1, 1950, *to* 11-25, 1950, *that I last saw the deceased alive on* 11-25, 1950, *and that death occurred at* 4-30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: E.E. Sawyer
(Degree or title): MD
23b. ADDRESS: Marshall Mo
23c. DATE SIGNED: Nov. 25-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Nov 26-1950
24c. NAME OF CEMETERY OR CREMATORY: Mt Auburn cem.
24d. LOCATION (City, town, or county) (State): St Louis - Mo.

DATE REC'D BY LOCAL REG.: Nov. 26-1950
REGISTRAR'S SIGNATURE: Sidney F Gray, 385
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Campbell-Lewis, Marshall-Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 12-4-50
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 12-4-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____, working under my personal supervision.

Signed R. W. Campbell Jr.

Signed _____
Student Embalmer

Licensed Embalmer No. 3467

P. O. Address Marshall, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.